

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5725

FILED FEB 21 1949

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>P.R.D. # 5</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mildred</u>		b. (Middle) <u>MANNING</u>		c. (Last) <u>Sneed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 - 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 18 - 1894</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Marshall Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr. David Manning</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Mackey</u>		14. NAME OF HUSBAND OR WIFE <u>John Sneed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Sneed Sedalia R # 5</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, left kidney, with metastasis to lungs, skull, brain, right ulna. Saw this patient first, 1/13/1949</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>As above.</u> DUE TO (c) <u>As above.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Right kidney removed by surgical operation 28 years ago. Uremic convulsions.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy. Showed a badly diseased left kidney with lesions in both lungs.</u>		19c. AUTOPSY? <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Neither.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>No injury.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No injury.</u>			
22. I hereby certify that I attended the deceased from <u>May 13, 1949</u> to <u>Feb. 5, 1949</u> 6-PM. I last saw the deceased alive on <u>Feb. 5, 1949</u> , and that death occurred at <u>4 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Mader M.D.</u> (Degree or title)				23b. ADDRESS <u>112 West 4th Street Sedalia, Mo.</u>		23c. DATE SIGNED <u>Feb. 7, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 8 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/8/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-18-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*R. P. McLeary*

Licensed Embalmer No. 3153

P. O. Address Seaside Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.